| Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of Information unless it displays a valid OMB control number | | | | | | | |
|---|----------------------------|---|---------------------------------|--------------------------|----------------|------------------|--|
| Effective on 12/0 | | Complete if Known | | | | | |
| Fees pursuant to the Consolidated Appro | | | 10/644,052-Conf. #4791 | | | | |
| FEE TRANS | Filing Date | | August 19, 2003 | | | | |
| For FY 2 | First Named Inv | First Named Inventor Arthur M. Krieg Examiner Name N. Archie | | | | | |
| | | | | — | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | Altonia | | 1037.70048US00 | | |
| TOTAL AMOUNT OF PAYMENT (\$) 940.00 | | Attorney Docket | Attorney Docket No. C1037.70048 | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check X Credit Card Money Order None Other (please identify): | | | | | | | |
| Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | | SEARCH FEES | | TION FEES | | | |
| Application Type Fee | (\$) Fee (\$) Fee | Small Entity e (\$) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Pa | aid (\$) | |
| Utility 33 | | 40 270 | 220 | 110 | | | |
| Design 22 | 0 110 1 | 00 50 | 140 | 70 | | | |
| Plant 22 | 0 110 3 | 30 165 | 170 | 85 | | | |
| Reissue 33 | 0 165 5 | 40 270 | 650 | 325 | | | |
| Provisional 22 | 0 110 | 0 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | |
| Fee Description | | | | | Fee (\$) | Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | 52 220 | 26 110 | |
| Each independent claim over 3 (including Reissues) | | | | | 390 | 195 | |
| | Tradition depoted visiting | | | | | | |
| Total Claims Extra Clai | ms Fee (\$) | Fee Paid (\$) | Fee | | ee Paid (\$) | | |
| HP = highest number of total cisims paid for, if greater than 20. | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | |
| - or HP = x = | | | | | | | |
| HP = highest number of independent daims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | |
| - 100 = /50 = (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month 1801 Request for continued examination (RCE) (see 37 | | | | | | 130.00 810.00 | |
| | | | | | | | |
| SUBMITTED BY | On a | Repistration No. | 20.045 | | 047.0:5 | 0000 | |
| Signature Multi-C | rlleut | (AltomsylAgent) | 39,248 | Telephone | | | |
| Name (PrinkType) Helen C. Lockhart Dele October 13, 2009 | | | | | | 3, 2009 | |
| | | | | | | | |

Certificate of Electronic Filling Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being statished or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4). Signature Sharon R. Sharon R. Lloyd) Dated: October 13, 2009